								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOF								10633348					
Effective January 1, 2003									(06) >778				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
			(Column	"	(Colui	_	TYPE		OR				
TOTAL CLAIMS			r				-	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			272 minus 20=		• 2		. ,	(\$ 9=		OR	X\$18=	36	
INDEPENDENT CLAIMS			3 minus 3 =		4			K42=		OR	X84=		
MU	LTIPLE DEPĘN	DENT CLAIM PR	RESENT				+140=			OR	+280=	_	
* If the difference in column 1 is less than zero, enter *0" in column 2							T	OTAL		OR	TOTAL	786	
CLAIMS AS AMENDED - PART II OTHER THAN													
10	(Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DIME	Total	. 8	Minus,	# C	2a		7	(\$ 9=	·	OR	X\$18=	-	
MER	Independent	· 2	Minus	*** _	3	<u>.</u>	—	(42=		OR	X84=	-	
ৰ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash		ļ	Un			
	•						Ŀ	140=		OR	+280=		
4. 2. do							ADE	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)											•		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	• 15	Minus	· ** 0.	0	•	,	(\$ 9=		OR	X\$18=		
AME	Independent	• 2	Minus	***	<u>タ</u>	- 4.	7	(42=		OR	X84≖		
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM.							140=		OR	+280=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
·		(Column 1)											
		CLAIMS		HIGH		2250514			ADDI-			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA	. F	RATE	TIONAL FEE		RATE	TIONAL FEE	
MOM	Total	•	Minus	**		=		(\$ 9=		OR	X\$18=		
AME	Independent	•	Minus	***	- 01	-		(42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										-			

FORM PTO-875 (Rev. 12/02)

U.S. Government Princing Office: 2003 — 498-278/69151

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1:

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

OR

+140=

TOTAL ADDIT. FEE

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE

+280=

TOTAL OR ADDIT FEE